

1/19
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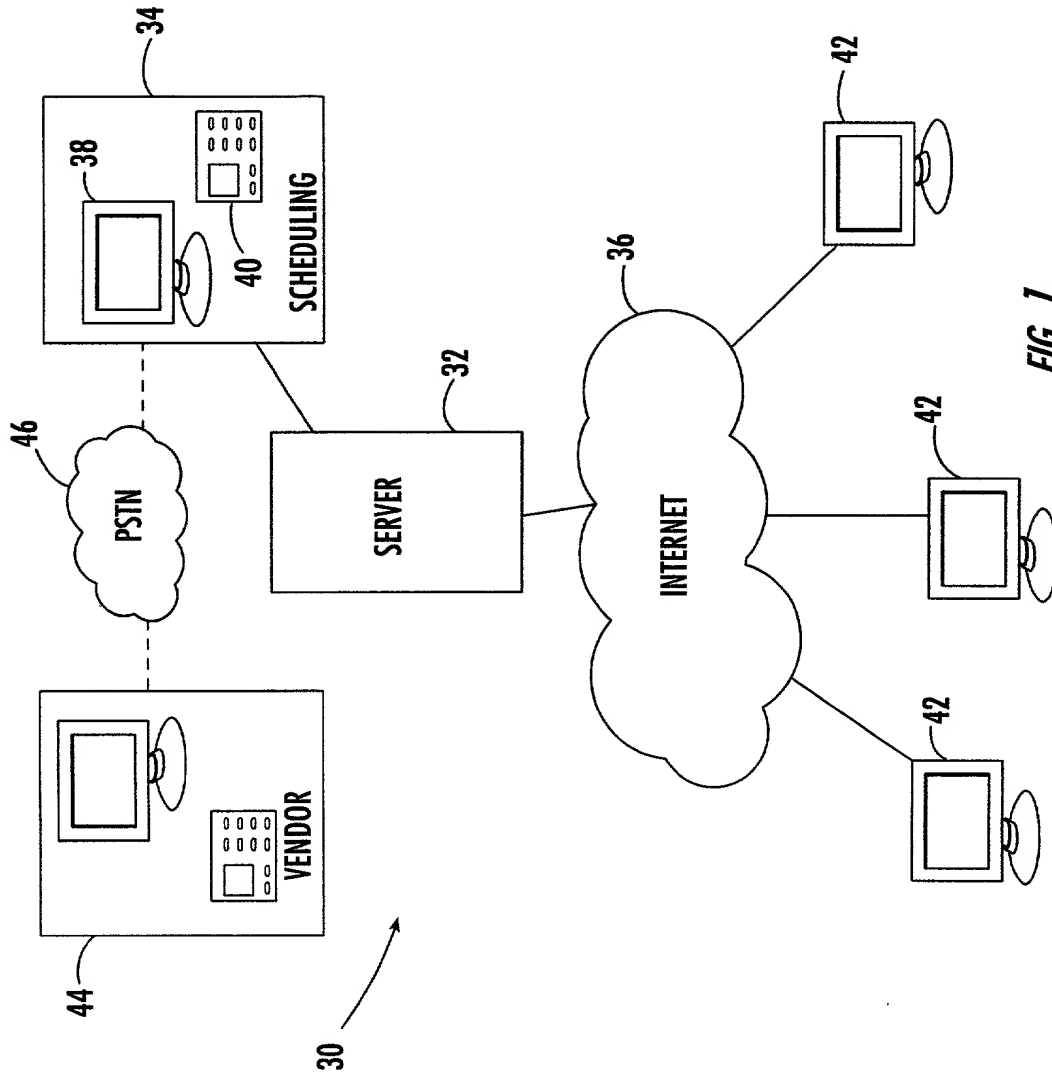


FIG. 1.

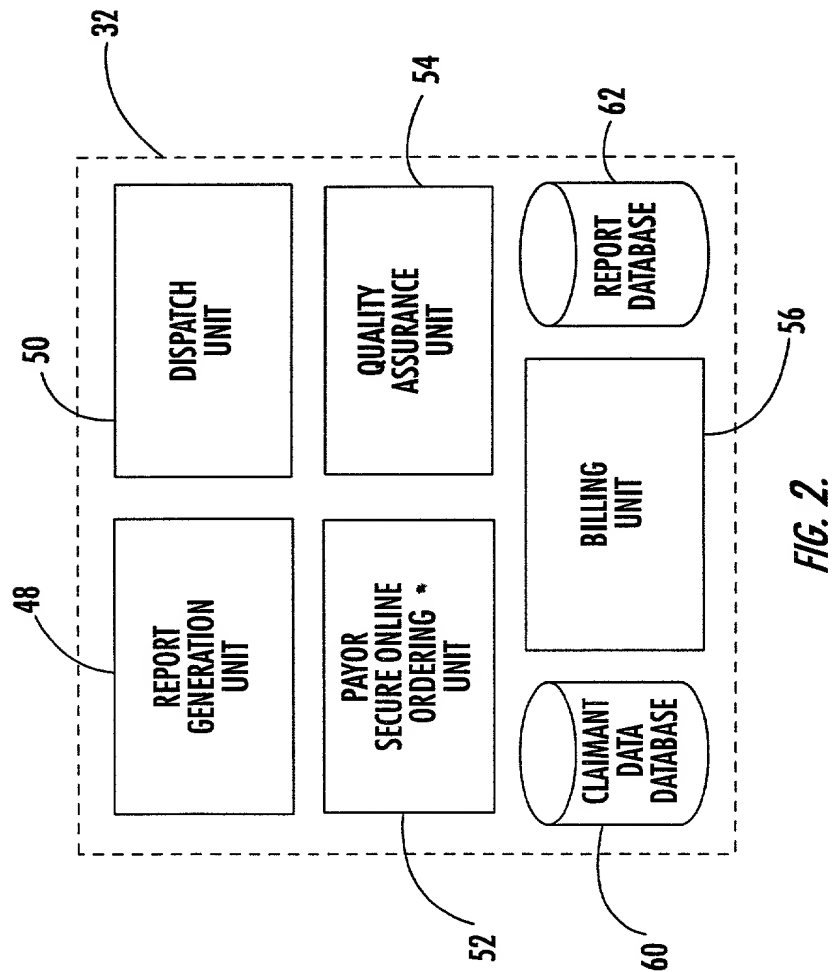
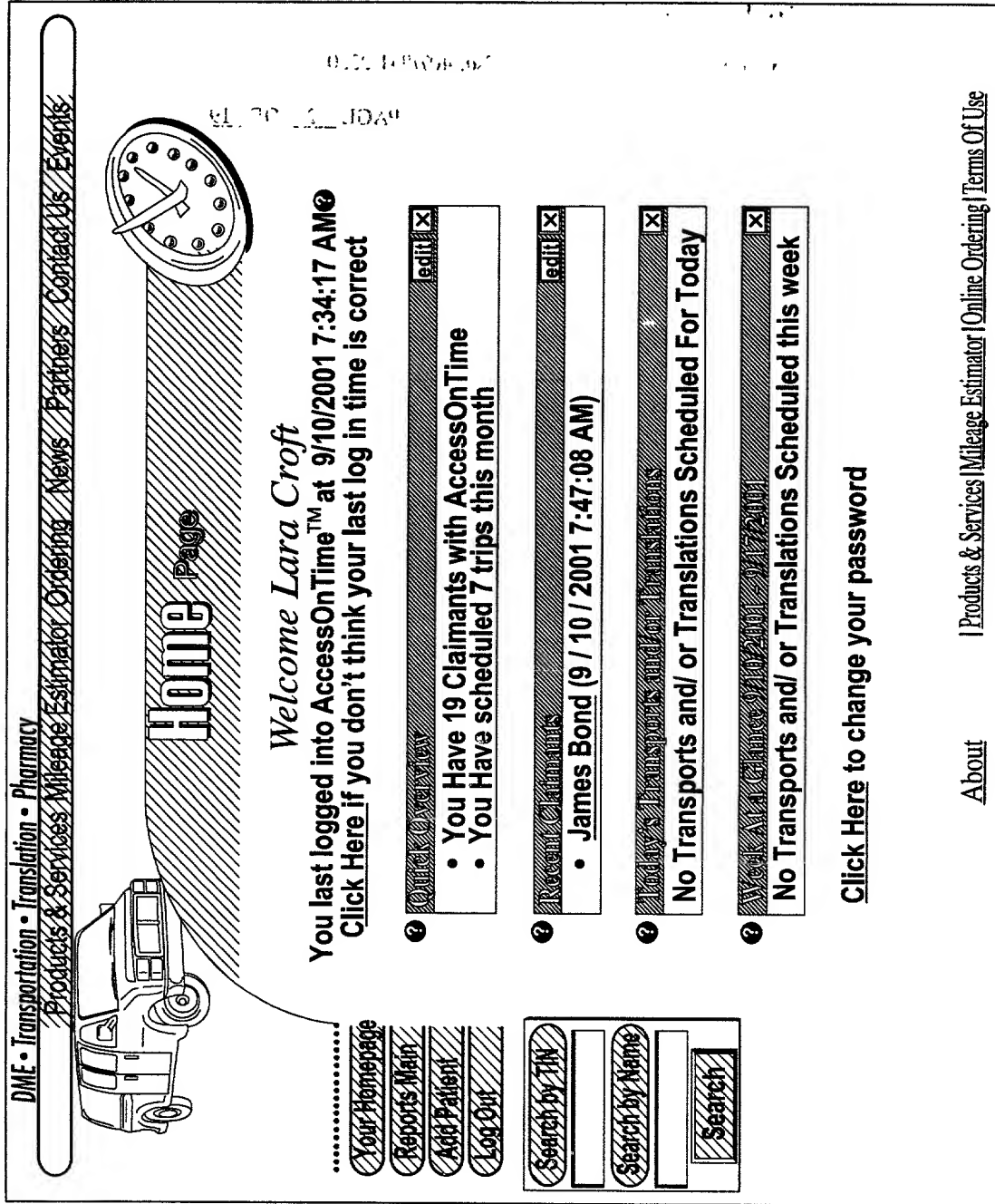
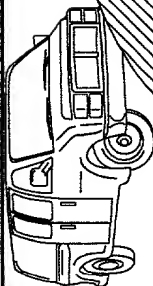


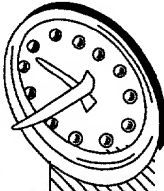
FIG. 2.

FIG. 3.





Real Time Data



[Click Here to download this report in an Excel Format](#)

Report Transports By ICD-9(Historical)

Report for Lara Croft

| Code/Desc | # Trips | \$ Miles | Avg Miles | Billed Amount | Avg Bill |
|---------------------------------|---------|----------|-----------|---------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 17 | 0 | 0 | \$0.00 | \$0.00 |
| Not recorded | 11 | 0 | 0 | \$0.00 | \$0.00 |

Report Transports By ICD-9(This Month)

Report for Lara Croft

| Code/Desc | # Trips | # Avg Miles | Billed Amount | Avg Bill |
|---------------------------------|---------|-------------|---------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 7 | 0 | \$0.00 | \$0.00 |

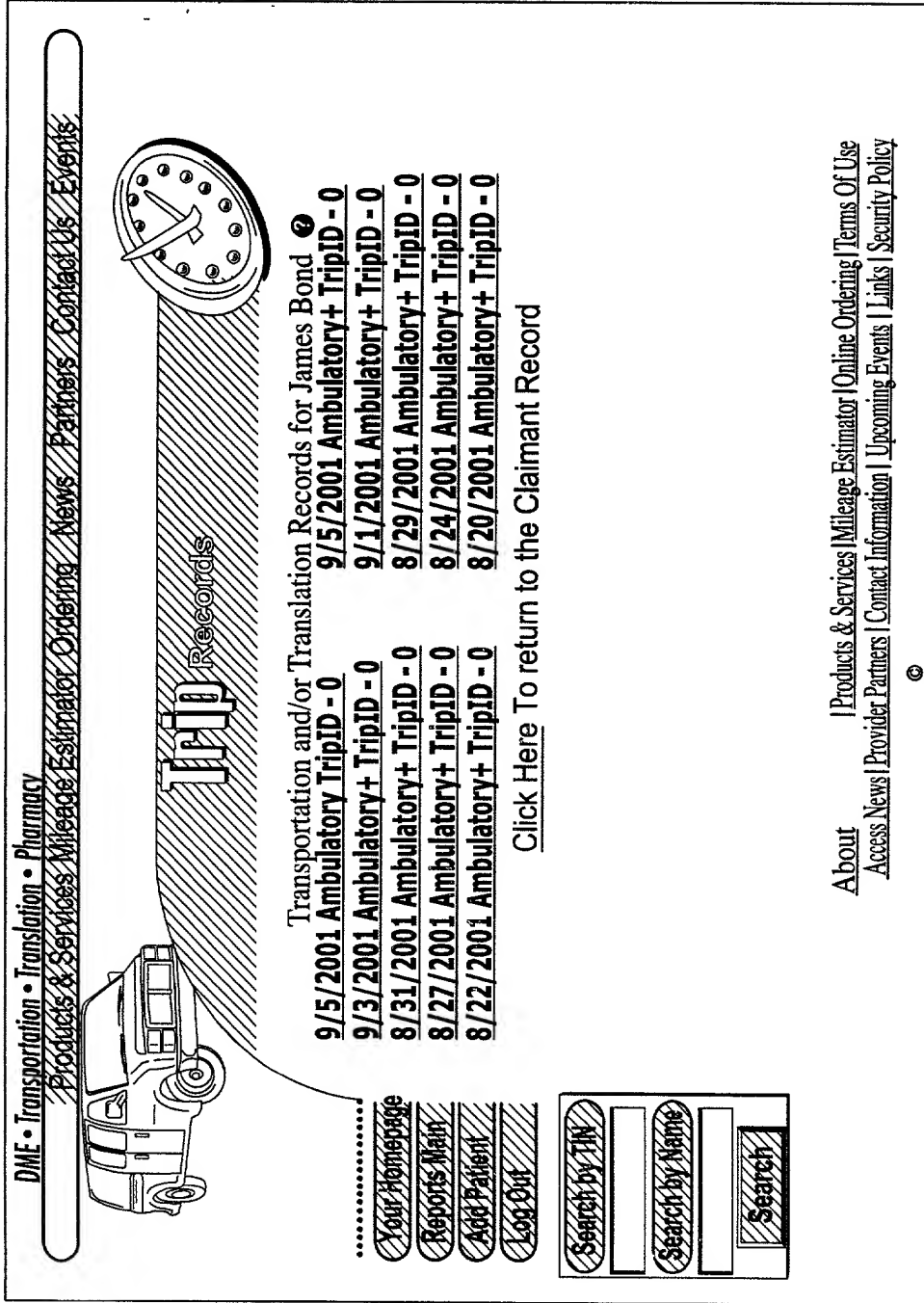
Report Transports By ICD-9(Past 4 Months)

Report for Lara Croft

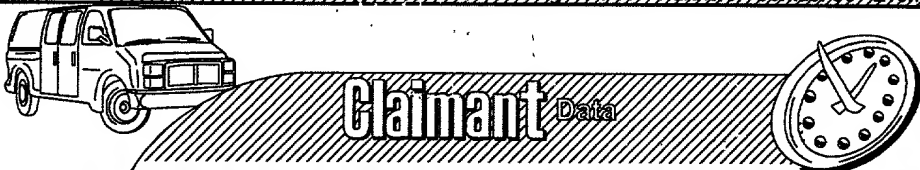
| Code/Desc | # Trips | # Avg MHrs Avg | Billed Amount | Avg Bill |
|---------------------------------|---------|-------------------|------------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 7 | 0 | \$0.00 | \$0.00 |

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FIG. 11.



DME • Transportation • Translation • Pharmacy
 Products & Services Mileage Estimator Ordering News Partners Contact Us Events



Claimant Data

.....

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[Add Special Instructions and/or Notes For This Claimant](#)

[View any Instructions and/or Notes You Have Made For This Claimant](#)

Claimant SSN: 599-81-6131 ?

* Denotes a required field

First Name : * MI

Last Name : *

Address:

Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone

Zip

[Press To Find info based on Zip](#)

City State

County

Employer

Empl. Addr

Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone

Employer Zip

[Press To Find info based on Zip](#)

City: State

County:

Time Zone

Phone Numbers

Home Work

Pager Other

| Payer Source Information | |
|--------------------------|--|
| | <input type="button" value="Select Payer Source"/> |
| Company Name | <input type="text" value="Florida Healthcare Netv"/> |
| Billing Address | <input type="text" value="2301 N. Orange Ave"/> |
| City | <input type="text" value="Orlando"/> |
| State | <input type="text" value="FL"/> |
| Zip | <input type="text" value="32804"/> |
| Phone | <input type="text" value="4078962595"/> |

| Adjuster Assignment | |
|---------------------|---|
| | <input type="button" value="Assign An Adjuster"/> |
| Adjuster | <input type="text" value="Lara Croft"/> |


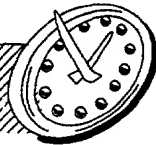
| Case Manager Assignment | |
|-------------------------|--|
| | <input type="button" value="Assign A Case Manager"/> |
| Case Manager | <input type="text" value="Frodo Baggins"/> |

| Claim Record | |
|-------------------|--|
| Claim Nbr | <input type="text" value="12345678"/> ? |
| Authorization Nbr | <input type="text"/> |
| Date Of Injury | <input type="text" value="1/1/2001"/> |
| Claim Expires On | <input type="text" value="12/31/2002"/> |
| ICD-9 Code | <input type="text" value="922.3"/> Click Here for ICD-9 Finder |
| ICD-9 Description | <input type="text" value="922.3-CONTUSION OF BACK"/> |

FIG. 13.

DME • Transportation • Translation • Pharmacy

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NEW

Transport/or Translation For James Bond

Special Notes/Instructions For This Transport and/or Translation

Note: Any changes to claimant address information during transport/translation scheduling will not affect the claimant record in the database. For permanent claimant address changes, make the changes to the Claimant Record.

Transport/Translation Origination

Origination

?

OR

?

OR

?

Name

Dept(Qualifier)

Addr

City ST Zip

Phone County

FIG. 14.

Transport/Translation Destination

Destination

Fill Destination With Claimant Home Info



OR

Fill Destination With Claimant Work Info



OR

Select A Facility for the Destination



Name

Dept(Last Name)

Addr

City

ST

Zip

Phone

County

- ☒ Create a Return Transport from the destination to the origination
- ☐ There is another destination to this Transport
- ☐ Single Destination Transport

Book This Transport and/or Translation


[Click Here](#) To return to the Claimant Record

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FIG. 15.

DME • Transportation • Translation • Pharmacy

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Recap

Transport and/or Translation Recap

Add Instructions and/or Notes to This Record ⓘ

.....

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| Claimant Information | Transportation Billing Information |
|-----------------------|------------------------------------|
| Name: James Bond | Billing Date: |
| SSN: 599-81-6131 | Invoice Nbr: |
| Claim ID: 12345678 | Bill Amt: |
| Phone: (407) 123-1234 | |

| | |
|-----------------------------------|---------------------------------|
| Called In By: lcroft@demoaccounts | Scheduled: 8/24/2001 9:14:35 AM |
| Dispatched: | Confirmation: |

| | |
|----------------------------|------------------------|
| Transport Type: Ambulatory | Translation: None |
| Status: Scheduled | Service Date: 9/5/2001 |

LEG INFORMATION

Leg Nbr 1

| | |
|--------------------|-------------------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| James Bond | Health South-Coral Sprgs-2804 |
| 2012 Maitland Blvd | 2804 N. University Drive |
| MAITLAND, FL 32751 | Coral Springs, FL 33071 |
| (407)123-1234 | 954-227-8040 |

Leg Nbr 2

| | |
|-------------------------------|----------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| Health South-Coral Sprgs-2804 | James Bond |
| 2804 N. University Drive | 2012 Maitland Blvd |
| Coral Springs, FL 33071 | MAITLAND, FL 32751 |
| 954-227-8040 | (407)123-1234 |

Leg Nbr 3

| | |
|--------------------|------------------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| James Bond | Zeal, Dr.-Pembroke Pines, FL |
| 2012 Maitland Blvd | 601 N. Flamingo Drive |
| MAITLAND, FL 32751 | Pembroke Pines, FL 33071 |
| (407)123-1234 | (954)476-8800 |

FIG. 16.

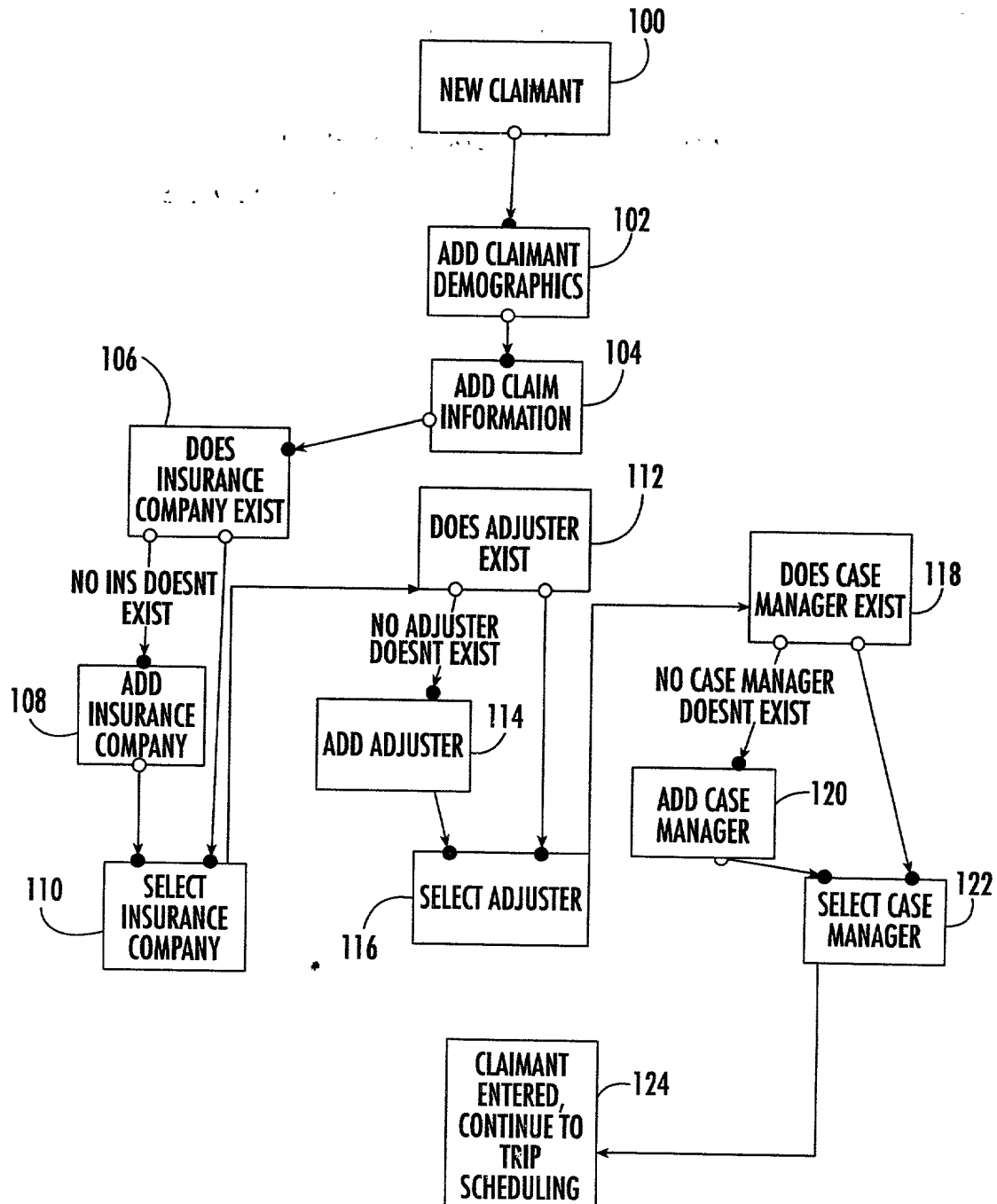


FIG. 17.

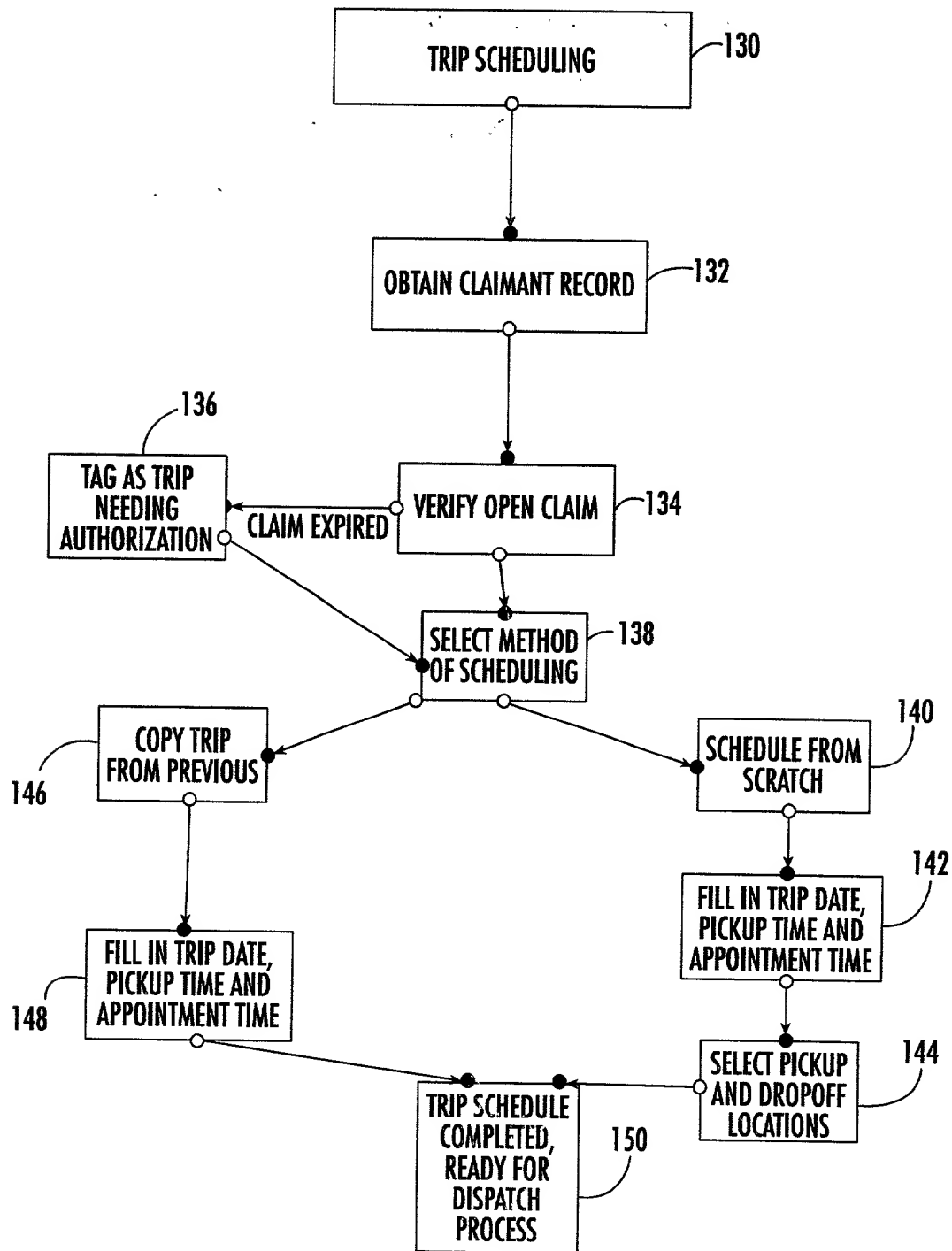


FIG. 18.

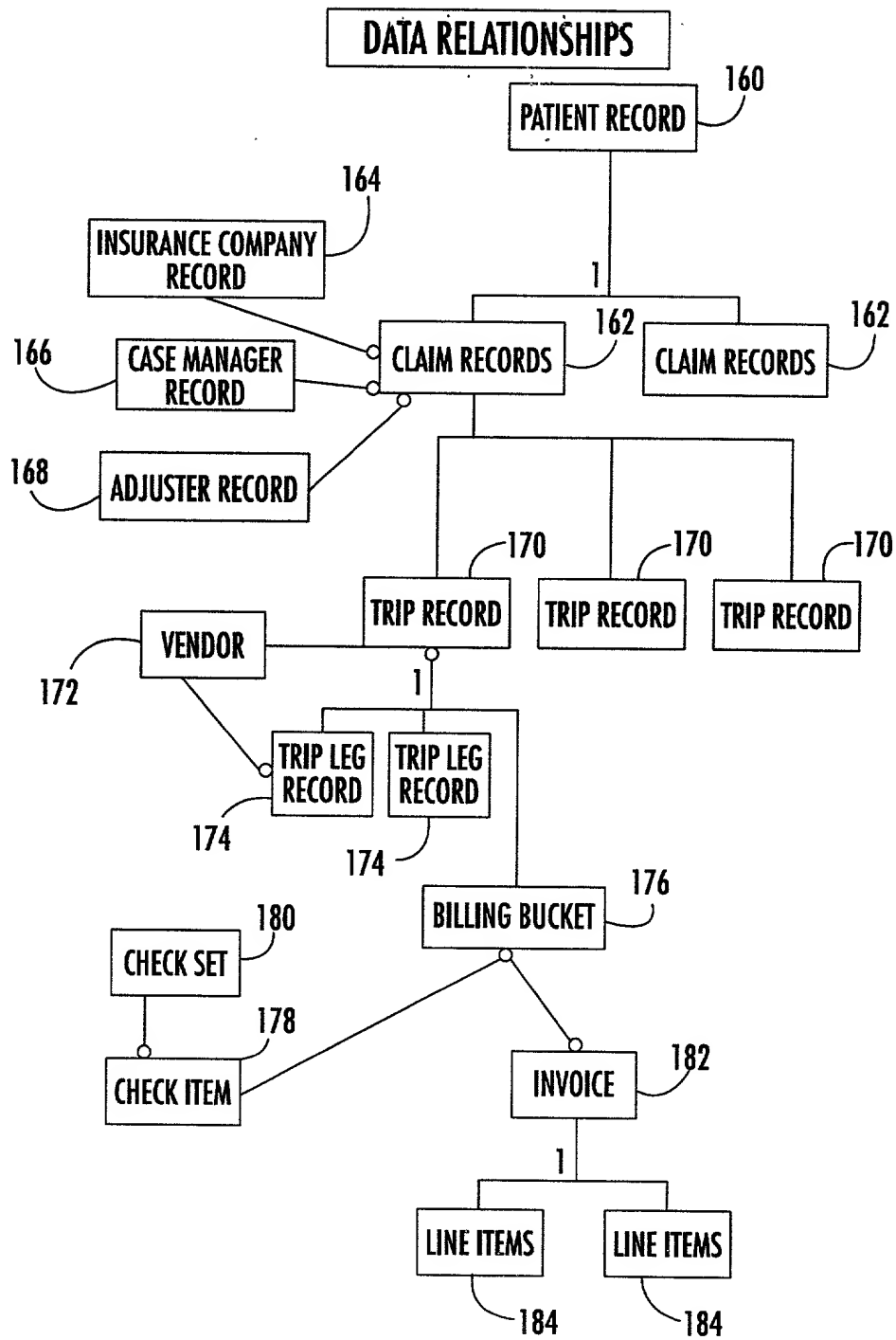


FIG. 19.